

Enrollment Date: \_\_\_\_\_

## PRESCHOOL ENRICHMENT PROGRAM EMERGENCY CARD

Gender: (Please circle) F M AGE: Child's Full Name: Birth Date: Address: Home Phone: Father's Name: Mother's Name: Mother's Father's Address: Address: Mother's Father's Home Home Phone: Phone: Employer: Employer: Employer Employer Address: Address: Work Phone: Work Phone: Cell Phone: Cell Phone: Fax:

Email:

Email:

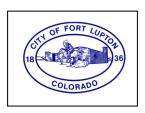
#### INDIVIDUALS OTHER THAN PARENT/GUARDIAN AUTHORIZATION

Child's Full Name:		
ONLY these individuals have r drop-off and pick-up.	y authorization to care for my child in t	the event of an emergency and/or fo
* Please advise these individual	Parent / Guardians that they are authorized and will need to	
	•	o present recharication to starr.
Name / Relation:	Phone Number:	
Address:		
Name /		
Relation:	Phone	
Address:	Number:	
Name /		
Relation: Address:	Phone Number:	
allowed to participate in any was activities including travel to and Department, City of Fort Lupto injury to my child from the active permanent disability and death, risk, the risk of serious injury deknown and unknown, even if ar responsibility for my child's pacustomary terms and conditions personal representatives and negative and all liabilities incident to my negligence, to the fullest extent		Programs, related events and e: Fort Lupton Recreation iates, and agrees that: the risk of ificant, including the potential for ad personal discipline may reduce the freely assume all such risks, both or others, and assume full with the program's stated and behalf of my/ours heirs, assigns mless all the above releases from any ograms, even if arising from their
Parent/Guardian Signature	Printed Name	Date

#### MEDICAL HISTORY AND INFORMATION FORM

Child's Full Name:		Gender:	Birthdate:	
Please check illnesses th	nat your child has had:			
Chicken Pox	Measles	Rubella	Hay Fever	
Rheumatic Fever	Asthma	Epilepsy	Mumps	
Poliomyelitis	Whooping Cough _	Diabete	s	
Surgery/Accidents/Illne	sses/Chronic Health Probl	ems:		
Describe any physical c	ondition requiring special	attention by center st	aff:	
Check those allergies st	aff should be aware of and	give the prescribed	routine below.	
Food (type)		_ Insect bites/stings _		
Penicillin		Other Drugs		
Date of most recent eva	mination of this child:			
on the other side of thi hysician/Health Care Professional:	s form or attach a copy f	Phone	:	
address:				
Medical Insurance		Phone	: 	
iroup #:				
Dentist Name:  Address:  —		Phone	: 	
Iospital of Choice:		Phone	:	
any intolerance to drugs, unscreen or food?	medication,			
This health record and prescribed activities, un		far as I know and the	he person herein described has permission	on to eng

Parent/Guardian initial \_\_\_\_\_



### CHILD'S SOCIAL HISTORY Part One

A description of your child's behavior and reaction to various incidents is desired. This information is confidential and will be reviewed by the Recreation Manager as a key to working with your child as an individual member of our program.

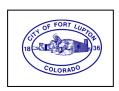
Child's Full Name:	Birthdate:	
Interaction with males:		
Interaction with females:		
Fears and dislikes:		
Types of discipline used at home:		
Reward system used at home:		
Positive/negative school / camp experiences:		
Child's favorite activity/hobbies/interest:		
Briefly comment on the following:		
Swimming ability:		
Athletic ability:		
Coordination:		
Play skills:		
Peer interactions:		
Additional comments on child's social history:		

PLEASE FEEL FREE TO DISCUSS ANY SOCIAL CONCERNS YOU MAY HAVE WITH THE RECREATION MANAGER.



# CHILD'S SOCIAL HISTORY Part Two

Does your child:				
Wear: glasses	Yes	No		
Hearing aid	Yes	No		
Need assistance walking	Yes	No		
Need assistance with toileting	Yes	No		
Use a wheelchair	Yes	No		
Feed Self	Yes	No		
Dress Self				
Use scissors, crayons, paint, p	aste, and small objects:			
Well	AdequatelyNot at all			
	•			
Communication abilities: How does your chil known?				
MIO WII.				
Does your child currently have any emotional	or behavioral problems? YES NO			
	•			
What are some steps or rewards that work bes	t at home for you and your			
child?	· · ·			
Does your child prefer to play alone?	YesNo			
Name and ages of siblings:				
If your child has special needs:				
Diagnosis:				



#### AUTHORIZATION TO PARTICIPATE/EXCLUDE PARTICIPATION IN ACTIVITIES

I give permission for my child to participate in al following exceptions:	l preschool enrichment program activities with the
Signature of Parent / Guardian	Date
AUTHORIZATION FO	R EMERGENCY MEDICAL CARE
medical service and for the doctor, hospital or me for my child the Fort Lupton Recreation Center preschool enri	Recreation Center staff to call a doctor or emergency edical service to provide emergency medical or surgical care should an emergency arise. It is understood that chment program staff will make a conscientious effort to act listed on the registration document before any action
will be taken. If it is not possible to locate the en emergency medical or surgical treatment.	nergency contact listed, I will accept the expense of
Signature of Parent / Guardian	Date
	ENT MANUAL ENT OF UNDERSTANDING
I have read and understand the Fort Lupton Recre Manual and understand the policies contained with	eation Center's Preschool Enrichment Program Parent thin.
Signature of Parent / Guardian	Date
SUNS <i>C</i> REEN	PERMISSION FORM
staff member 15-30 minutes before outdoor activ a skin reaction has been observed. Any skin reac	er the direct supervision of a preschool enrichment program ities. Sunscreen will not be applied to any broken skin or it ition observed by staff will be reported promptly to parent/ide sunscreen with a specific amount of SPF they wish their last name clearly labeled on the bottle.
Child's Name	Name of Sunscreen and the SPF #
Signature of Parent / Guardian	Date